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**INCOME ELIGIBILITY GUIDELINES**  
**(Effective from July 1, 2015 to June 30, 2016)**

<b><u>FREE MEAL OR FREE MILK GUIDELINES</u></b>					
<b><u>HOUSEHOLD SIZE</u></b>	<b><i>INCOME (Equal to or Less Than)</i></b>				
	<b><u>YEARLY</u></b>	<b><u>MONTHLY</u></b>	<b><u>WEEKLY</u></b>	<b><u>Twice Per Month</u></b>	<b><u>Every Two Weeks</u></b>
1	\$15,301	\$1,276	\$295	\$ 638	\$ 589
2	20,709	1,726	399	863	797
3	26,117	2,177	503	1,089	1,005
4	31,525	2,628	607	1,314	1,213
5	36,933	3,078	711	1,539	1,421
6	42,341	3,529	815	1,765	1,629
7	47,749	3,980	919	1,990	1,837
8	53,157	4,430	1,023	2,215	2,045
For each additional Household member add	+ \$ 5,408	+ \$ 451	+ \$ 104	+ \$ 226	+ \$ 208

<b><u>REDUCED PRICE MEAL GUIDELINES</u></b>					
<b><u>HOUSEHOLD SIZE</u></b>	<b><i>INCOME (Equal to or Less Than)</i></b>				
	<b><u>YEARLY</u></b>	<b><u>MONTHLY</u></b>	<b><u>WEEKLY</u></b>	<b><u>Twice Per Month</u></b>	<b><u>Every Two Weeks</u></b>
1	\$ 21,775	\$1,815	\$ 419	\$ 908	\$ 838
2	29,471	2,456	567	1,228	1,134
3	37,167	3,098	715	1,549	1,430
4	44,863	3,739	863	1,870	1,726
5	52,559	4,380	1,011	2,190	2,022
6	60,255	5,022	1,159	2,511	2,318
7	67,951	5,663	1,307	2,832	2,614
8	75,647	6,304	1,455	3,152	2,910
For each additional Household member add	+ \$ 7,696	+ \$ 642	+ \$ 148	+ \$ 321	+ \$ 296

**Note:** The press release should contain both the free and reduced price scale. The letter to the parents for meal programs must only contain the reduced price scale. The letter to the parents for the Special Milk Program must only contain the free price scale.